附表2：

**唐河县鸿翔投资集团有限公司应聘报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘岗位： | | | | | | | | | | | | | | | | | | | |
| 基本情况 | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 | |  | | | | 民族 | | | | | |  | 粘贴电子照片 | | |
| 出生年月 |  | | | 籍贯 | |  | | | | 婚否 | | | | | |  |
| 身高 |  | | | 体重（kg） | |  | | | | 健康状况 | | | | | |  |
| 户口所在地 |  | | | | | | | | | 身份证号码 | | | | | |  | | | |
| 政治面貌 |  | | | 入党时间 | | |  | | | 职称/技能 | | | | | |  | | | |
| 全日制学历 |  | | | 毕业时间 | | |  | | | 学校及专业 | | | | | |  | | | |
| 后续学历 |  | | | 毕业时间 | | |  | | | 学校及专业 | | | | | |  | | | |
| 外语水平 |  | | | | | | | | | 计算机水平 | | | | | |  | | | |
| 工作单位 |  | | | | | | | | | | | | | | | 职务/岗位 | |  | |
| 通讯地址 |  | | | | | | | | | | | | | | | 邮 编 | |  | |
| 联系电话 |  | | | | | | | 电子信箱 | | | | | | | |  | | | |
| 教育背景（从高中起） | | | | | | | | | | | | | | | | | | | |
| 起止年月 | 毕业院校 | | | | | | 所学专业 | | | | | | | | 学历/学位 | | | | 培养方式 |
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| 工作经历（从最近起） | | | | | | | | | | | | | | | | | | | |
| 起止年月 | 单位名称 | | | | | | | | 部 门 | | | | | 职务/岗位 | | | 证明人 | | |
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| 专业技能及特长（职称、资格认证等） | | | | | | | | | | | | | | | | | | | |
| 系列 | | 职称 | | | 专业 | | | | | | 职称等级 | | | | | 授予单位 | | 评定时间 | |
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| 奖惩情况（从最近的起） | | | | | | | | | | | | | | | | | | | |
| 时 间 | | | 内容 | | | | 个人/集体 | | | | | | 颁发单位 | | | | | 具体原因 | |
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| 主要工作业绩及成果 | | | | | | | | | | | | | | | | | | | |
| 时 间 | 名 称 | | | | | | 个人/集体 | | | | | 具体情况 | | | | | | | |
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| 家庭情况及社会关系（直系亲属必填） | | | | | | | | | | | | | | | | | | | |
| 姓 名 | 与本人关系 | | | 出生年月 | | | 工作单位 | | | | | | | | | | 职务/岗位 | | |
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| 对报名岗位认识及工作设想 | | | | | | | | | | | | | | | | | | | |
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| 自我评价 | | | | | | | | | | | | | | | | | | | |
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| 诚信承诺 | | | | | | | | | | | | | | | | | | | |
| 声明：1.本人承诺保证所填写资料真实，并自愿承担因隐瞒事实而带来的包括解聘等一切后果。  2.本人身份证、毕业证、职称证书等有效证件和其它能证明本人能力的专业技术资格证书、职业技能等级证书、获奖证书等均为原件扫描。  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | |
| 审核单位审查意见 | | | | | | | | | | | | | | | | | | | |
| 年 月 日 | | | | | | | | | | | | | | | | | | | |